

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Healthcare Freedom Fund

ADDRESS (number and street)

PO Box 2485



Check if different  
than previously  
reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528414

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)

☐ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)
(b) Monthly  
Report  
Due On:
☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ Convention (12C)

☐ General (12G)

☐ Special (12S)

☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Grandy, Joe, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Grandy, Joe, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only
**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">35289.22</td></tr></table>	35289.22					
Y	Y	Y	Y	Y	Y															
2016																				
35289.22																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">66649.06</td></tr></table>	66649.06																		
66649.06																				
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="6">31100.00</td></tr></table>	31100.00						<table><tr><td colspan="6">287600.00</td></tr></table>	287600.00											
31100.00																				
287600.00																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">97749.06</td></tr></table>	97749.06						<table><tr><td colspan="6">322889.22</td></tr></table>	322889.22											
97749.06																				
322889.22																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">20868.78</td></tr></table>	20868.78						<table><tr><td colspan="6">246008.94</td></tr></table>	246008.94											
20868.78																				
246008.94																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="6">76880.28</td></tr></table>	76880.28						<table><tr><td colspan="6">76880.28</td></tr></table>	76880.28											
76880.28																				
76880.28																				
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Healthcare Freedom Fund**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3000.00

15000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3000.00

15000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

28100.00

272600.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

31100.00

287600.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

31100.00

287600.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

31100.00

287600.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	20868.78	116008.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20868.78	116008.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	130000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20868.78	246008.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20868.78	246008.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31100.00	287600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31100.00	287600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20868.78	116008.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20868.78	116008.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dreyfus, Mark, , ,

Mailing Address 5104 Oceanfront Avenue

City  
Virginia Beach

State  
VA

Zip Code  
23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ECPI University

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gaston, Christopher Lorenzo, , ,

Mailing Address 120 Hesketh Street

City  
Chevy Chase

State  
MD

Zip Code  
20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Davis & Harman LLP

Occupation (for Individual)  
Senior Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Howard, Henry, B., ,

Mailing Address 1200 Brickell Avenue  
Suite 310

City  
Miami

State  
FL

Zip Code  
33131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Education Finance Group

Occupation (for Individual)  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2016

Transaction ID : SA11AI.5520

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPAC)

Mailing Address P.O. BOX 15441

City  
WASHINGTON

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

**C** C00273003

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2016

**Transaction ID : SA11C.5506**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE., NW  
SUITE 700

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00147066

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2016

**Transaction ID : SA11C.5504**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BLOOMIN' BRANDS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 2202 N. WESTSHORE BLVD.  
5TH FLOOR

City  
TAMPA

State  
FL

Zip Code  
33607

FEC ID number of contributing  
federal political committee.

**C** C00253153

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2016

**Transaction ID : SA11C.5519**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. CAROLINA NEUROSURGERY AND SPINE ASSOCIATES P A PAC**

Mailing Address 225 BALDWIN AVENUE

City  
CHARLOTTE

State  
NC

Zip Code  
28204

FEC ID number of contributing  
federal political committee.

**C** C00544841

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

**Transaction ID : SA11C.5508**

Amount of Each Receipt this Period

2600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. FEDERATION OF AMERICAN HOSPITALS PAC**

Mailing Address 750 9TH STREET NW  
SUITE 600

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00002261

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2016

**Transaction ID : SA11C.5505**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. GILEAD SCIENCES INC HEALTHCARE POLICY PAC**

Mailing Address 333 LAKESIDE DRIVE

City  
FOSTER CITY

State  
CA

Zip Code  
94404

FEC ID number of contributing  
federal political committee.

**C** C00396895

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2016

**Transaction ID : SA11C.5517**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C** C00238725

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**11** / **07** / **2016**

**Transaction ID : SA11C.5516**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. NATIONAL ATHLETIC TRAINERS' ASSOCIATION INC POLITICAL ACTION COMMITTEE (NATA)**

Mailing Address 2952 STEMMONS FREEWAY

City  
DALLAS

State  
TX

Zip Code  
75247

FEC ID number of contributing  
federal political committee.

**C** C00408518

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**11** / **07** / **2016**

**Transaction ID : SA11C.5515**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. NATIONWIDE MUTUAL INSURANCE COMPANY FINANCIAL & INVESTMENTS POLITICAL ACTION COMMITTEE**

Mailing Address ONE NATIONWIDE PLAZA, 1-32-301

City  
COLUMBUS

State  
OH

Zip Code  
43215

FEC ID number of contributing  
federal political committee.

**C** C00406215

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**10** / **14** / **2016**

**Transaction ID : SA11C.5500**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 21

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
THE AMERICAN SOCIETY OF PENSION PROFESSIONALS AND ACTUARIES POLITICAL ACTION COMMITTEE (AS)

Mailing Address 4245 N. FAIRFAX DRIVE

City  
ARLINGTON

State  
VA

Zip Code  
22202

FEC ID number of contributing  
federal political committee.

**C** C00333104

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**11** / **21** / **2016**

**Transaction ID : SA11C.5564**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 975 F STREET NW  
SUITE 500

City  
WASHINGTON

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00410266

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**10** / **31** / **2016**

**Transaction ID : SA11C.5510**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 677 WASHINGTON BOULEVARD  
C/O PER DYRVIK

City  
STAMFORD

State  
CT

Zip Code  
06901

FEC ID number of contributing  
federal political committee.

**C** C00012245

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **31** / **2016**

**Transaction ID : SA11C.5514**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. UNIVERSAL TECHNICAL INSTITUTE INC. PAC (UTIPAC)**

Mailing Address 16220 N. SCOTTSDALE ROAD  
SUITE 100

City  
SCOTTSDALE

State  
AZ

Zip Code  
85254

FEC ID number of contributing  
federal political committee.

**C** C00497545

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : SA11C.5502**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. VOYA FINANCIAL, INC., POLITICAL ACTION COMMITTEE (VOYA FINANCIAL PAC)**

Mailing Address 230 PARK AVENUE  
C/O CHIEF LEGAL OFFICER

City

NEW YORK

State  
NY

Zip Code  
10169

FEC ID number of contributing  
federal political committee.

**C** C00184028

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2016

**Transaction ID : SA11C.5512**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

28100.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 1270

City  
NewarkState  
NJZip Code  
07101-1270Purpose of Disbursement  
Travel Expenses (See Memos)

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		28		2016

FEC Identification Number

C

Transaction ID : SB21B.5566

Amount of Each Disbursement this Period

35.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DC Parking**

Mailing Address

City  
WashingtonState  
DC

Zip Code

Purpose of Disbursement  
Transportation

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

C

Transaction ID : SB21B.5566.1

Amount of Each Disbursement this Period

16.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Mailing Address PO Box 200

City  
WilsonState  
NCZip Code  
27894-0200Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2016

FEC Identification Number

C

Transaction ID : SB21B.5542

Amount of Each Disbursement this Period

2574.31

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2610.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. West Street Hotel**

Mailing Address 50 West Street

City  
Bar HarborState  
MEZip Code  
04609Purpose of Disbursement  
Lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5542.1

Amount of Each Disbursement this Period

1106.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**Mailing Address 4333 Amon Carter Boulevard  
MD 567City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5542.1

Amount of Each Disbursement this Period

343.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Airlines**Mailing Address 4333 Amon Carter Boulevard  
MD 567City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5542.

Amount of Each Disbursement this Period

1047.40

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Club**

Mailing Address 300 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5542.

Amount of Each Disbursement this Period

69.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address PO Box 200

City  
WilsonState  
NCZip Code  
27894-0200Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5543

Amount of Each Disbursement this Period

4544.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DC Parking**

Mailing Address

City  
WashingtonState  
DC

Zip Code

Purpose of Disbursement  
Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5543.

Amount of Each Disbursement this Period

3.90

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4544.26

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Delta Air Lines, Inc.**

Mailing Address P.O. Box 20706

City  
AtlantaState  
GAZip Code  
30320-6001Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5543.1

Amount of Each Disbursement this Period

574.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Airlines**Mailing Address 4333 Amon Carter Boulevard  
MD 567City  
Fort WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5543.2

Amount of Each Disbursement this Period

203.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Overton Hotel**

Mailing Address 2322 Mac Davis Lane

City  
LubbockState  
TXZip Code  
79401Purpose of Disbursement  
Lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5543.

Amount of Each Disbursement this Period

330.86

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Alamo**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	6		

Mailing Address Nashville Airport

City  
NashvilleState  
TNZip Code  
37214Purpose of Disbursement  
Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5543.!

Amount of Each Disbursement this Period

432.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hermitage Golf Course**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	6		

Mailing Address 3939 Old Hickory Boulevard

City  
Old HickoryState  
TNZip Code  
37138Purpose of Disbursement  
Entertainment

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5543.6

Amount of Each Disbursement this Period

737.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Renaissance Nashville Hotel**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

Mailing Address 611 Commerce Street

City  
NashvilleState  
TNZip Code  
37203Purpose of Disbursement  
Lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.5543.

Amount of Each Disbursement this Period

915.72

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Club**

Mailing Address 300 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2016					

FEC Identification Number

C

Transaction ID : SB21B.5543.i

Amount of Each Disbursement this Period

1183.01

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bongo Jave Cafe**

Mailing Address 119 3rd Avenue South

City  
NashvilleState  
TNZip Code  
37201Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2016					

FEC Identification Number

C

Transaction ID : SB21B.5525

Amount of Each Disbursement this Period

712.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Concentric Office, LLC**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
Compliance Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				15				2016					

FEC Identification Number

C

Transaction ID : SB21B.5563

Amount of Each Disbursement this Period

905.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1617.37

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Davis & Harman LLP**Mailing Address 1455 Pennsylvania Avenue, NW  
Suite 1200City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
Facility Rental

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5522

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Machado & Company**

Mailing Address 6111 Newman Road

City  
FairfaxState  
VAZip Code  
22030-5918Purpose of Disbursement  
Catering (SEE MEMOS)

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5528

Amount of Each Disbursement this Period

1235.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Avalon Caterers**

Mailing Address 109 Clermont Avenue

City  
AlexandriaState  
VAZip Code  
22304Purpose of Disbursement  
Catering

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5528.

Amount of Each Disbursement this Period

704.44

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1735.76

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Avalon Caterers**

Mailing Address 109 Clermont Avenue

City  
AlexandriaState  
VAZip Code  
22304Purpose of Disbursement  
Catering

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5528.

Amount of Each Disbursement this Period

531.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Machado & Company**

Mailing Address 6111 Newman Road

City  
FairfaxState  
VAZip Code  
22030-5918Purpose of Disbursement  
Event Expenses (SEE MEMOS)

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5532

Amount of Each Disbursement this Period

8953.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Husk**

Mailing Address 37 Rutledge Street

City  
NashvilleState  
TNZip Code  
37210Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5532.

Amount of Each Disbursement this Period

5008.71

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8	9	5	3	.	8	8
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Renaissance Nashville Hotel**

Mailing Address 611 Commerce Street

City  
NashvilleState  
TNZip Code  
37203Purpose of Disbursement  
Lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5532.1

Amount of Each Disbursement this Period

1534.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Renaissance Nashville Hotel**

Mailing Address 611 Commerce Street

City  
NashvilleState  
TNZip Code  
37203Purpose of Disbursement  
Lodging

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5532.3

Amount of Each Disbursement this Period

1699.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alamo**

Mailing Address Nashville Airport

City  
NashvilleState  
TNZip Code  
37214Purpose of Disbursement  
Transportation

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.5532.

Amount of Each Disbursement this Period

554.96

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Second Ave Museum LLC**

Mailing Address 119 3rd Avenue South

City  
NashvilleState  
TNZip Code  
37201Purpose of Disbursement  
Event Entertainment

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

C

**Transaction ID : SB21B.5524**

Amount of Each Disbursement this Period

1350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1350.00

**TOTAL** This Period (last page this line number only).....▶

20811.28